

EXHIBIT “B”

DECLARATION OF *PRO SE* ELIGIBLE CLAIMANT

**IN THE UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF PENNSYLVANIA**

IN RE: PHILIPS RECALLED CPAP, BI-LEVEL PAP, AND MECHANICAL VENTILATOR PRODUCTS LIABILITY LITIGATION

This Document Relates to:

*Personal Injury Claimants
and Potential Claimants*

Master Docket: No. 21-mc-1230-JFC

MDL No. 3014

IDENTIFICATION ORDER DECLARATION OF *PRO SE* ELIGIBLE CLAIMANT

1. My name is [INSERT NAME OF PRO SE ELIGIBLE CLAIMANT], and I am an Eligible Claimant and not represented by counsel.

2. I submit this Identification Order Declaration in accordance with the Master Settlement Agreement (“MSA”) and the Court’s Identification Order.

3. Attached hereto is a chart that identifies my personal information and the other information required by the Identification Order. I certify that this information is accurate. I understand that in submitting this Declaration, I am not making the determination of whether or not to participate in the Settlement Program set forth in the MSA.

4. I understand that to comply with the MSA and the Court’s Identification Order, this Identification Order Declaration must be submitted by the Identification Order Deadline, which is June 21, 2024. The attached chart will be timely served in Excel format through MDL Centrality in conformance with the Identification Order.

5. I understand and agree that my failure to provide the information required by the Identification Order will result in sanctions and other penalties as determined by the Court.

I swear under penalty of perjury that the foregoing is true and correct.

DATE: [MONTH] [DAY], [YEAR]

/s/

[NAME OF CLAIMANT]

[ADDRESS]

[ADDRESS]

[ADDRESS]

[TELEPHONE NUMBER]

[EMAIL ADDRESS]

IDENTIFICATION OF *PRO SE* ELIGIBLE CLAIMANT

CLAI MANT NAME (FIRST)	CLAI MANT NAME (LAST)	S S N	CLAI MANT EMAI L ADDR ESS	CLAI MANT PHON E NUMB ER	CLAI MANT ADDR ESS	DOB mm/dd /year	Co urt Of Fili ng	Doc ket Num ber	MDL- C Numb er (if applic able)	QUALI FYING INJURY